

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____		
						APPLICANT(S) _____				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
2	1									
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TOTAL IND.	4									
TOTAL DEP.	19									
TOTAL CLAIMS	23									
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100										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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